

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000003

FILED
Apr 22, 2009
Secretary of State

Entity Name: TACON VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3213 W TACON ST.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3213 W TACON ST
TAMPA, FL 33629

New Mailing Address:

3213 W TACON ST.
TAMPA, FL 33629

FEI Number: 20-2689958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNPHY, KRISTIN
3213 W TACON ST.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUNPHY, KRISTIN
Address: 3213 W TACON ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: PROCUNJAR, CHARLES
Address: 3215 W TACON ST.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: OSSI, MARIA
Address: 3211 W TACON ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN DUNPHY

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date